

File Original and First Copy with
Department of Ecology
Second Copy—Owner a Copy
Third Copy—Driller a Copy

WATER WELL REPORT

STATE OF WASHINGTON

Start Card No

Water Right Permit No

30/3E/S

072617

6-25752

(1) OWNER Name Jon D. Stoneman Address 2506 W Lk Samish Rd SE Bell

(2) LOCATION OF WELL County Island SE 1/4 NE 1/4 Sec 5 T 30 N R 3 W

(2a) STREET ADDRESS OF WELL (or nearest address) 3046 Camano Dr Camano Island

(3) PROPOSED USE ☐ Domestic ☐ Industrial ☐ Municipal ☐
☐ Irrigation ☐ Test Well ☐ Other ☒
☐ DeWater

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation Describe by color character size of material and structure and sh thickness of aquifers and the kind and nature of the material in each stratum penetrat with at least one entry for each change of information

(4) TYPE OF WORK Owner a number of well (if more than one)
Abandoned ☐ New well ☒ Method ☐ Dug ☐ Bored ☐
Deepened ☐ Cable ☐ Driven ☐
Reconditioned ☐ Rotary ☒ Jetted ☐

MATERIAL	FROM	TO
Sand	0	14
Blue Clay	14	25
Blue Clay & Gravel	25	43
Sand & Gravel	43	185
Brown Clay	185	275
Blue Clay	275	296
Sand & Water	296	310

(5) DIMENSIONS Diameter of well 6 inches
Drilled 310 feet Depth of completed well 310 ft

(6) CONSTRUCTION DETAILS
Casing installed 6 Diam from 0 ft to 300 ft
Welded ☒ Diam from _____ ft to _____ ft
Liner installed ☐ Diam from _____ ft to _____ ft
Threaded ☐ Diam from _____ ft to _____ ft

Perforations Yes ☐ No ☒
Type of perforator used _____
SIZE of perforations _____ in by _____ in
_____ perforations from _____ ft to _____ ft
_____ perforations from _____ ft to _____ ft
_____ perforations from _____ ft to _____ ft

Screens Yes ☒ No ☐
Manufacturer's Name Johnson
Type SS Model No _____
Diam 5" Slot size 20 from 300 ft to 305 ft
Diam 5" Slot size 20 from 305 ft to 310 ft

Gravel packed Yes ☐ No ☒ Size of gravel _____
Gravel placed from _____ ft to _____ ft

Surface seal Yes ☒ No ☐ To what depth? 18 ft
Material used in seal Bentonite
Did any strata contain unusable water? Yes ☐ No ☒
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

(7) PUMP Manufacturer's Name _____
Type _____ HP _____

(8) WATER LEVELS Land surface elevation above mean sea level _____ ft
Static level 260 ft below top of well Date 9-18-90
Artesian pressure _____ lbs per square inch Date _____
Artesian water is controlled by _____ (Cap valve etc.)

(9) WELL TESTS Drawdown is amount water level is lowered below static level
Was a pump test made? Yes ☐ No ☒ If yes by whom? _____
Yield _____ gal / min with _____ ft drawdown after _____ hrs

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)
Time Water Level Time Water Level Time Water Level

Date of test _____
Bailer test _____ gal / min with 40' ft drawdown after _____ hrs
Airstest 20694 gal / min with stem set at 300 ft for 1 1/2 hrs
Artesian flow _____ g p m Date _____
Temperature of water _____ Was a chemical analysis made? Yes ☐ No ☒

Work started 9/13/90 19 Completed 9/18/90 19.

WELL CONSTRUCTOR CERTIFICATION

I constructed and/or accept responsibility for construction of this v and its compliance with all Washington well construction standar Materials used and the information reported above are true to my b knowledge and belief

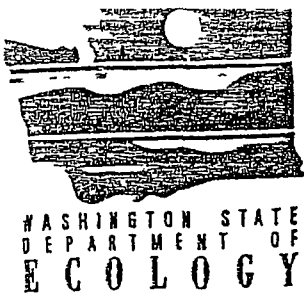
NAME Dahlman Pump & Well Drilling
(PERSON FIRM OR CORPORATION) (TYPE OR PRINT)

Address P O Box 422, Burlington, WA 98

(Signed) Leo Richter license No 0623
(WELL DRILLER)

Contractor's Registration No DAHLMPW123LC Date 9/19/90 19.

(USE ADDITIONAL SHEETS IF NECESSARY)



35564 802

Well Tagging Form

Unique Well Tag No: AKY-795 OK

RECORD VERIFICATION (check one)

- ☒ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available

WELL OWNERSHIP IF DIFFERENT FROM WELL REPORT

First Name STONEMAN Last Name WATERWORKS ASSOCIATION

Street Address 556 Cougar Lane

City Camano Island State WA Zip 98282

LOCATION OF WELL IF DIFFERENT FROM WELL REPORT

Well Address: Jessica Drive and Hazen Road Parcel R33005-320-4370

City Camano Island County Island

R 30 N R 3 E WM Sec 5 1/4 of the _____

FOR AGENCY USE ONLY

Latitude _____

Longitude _____

Elevation at land surface _____ feet/meters (circle one)

Additional information, if available:

- ☐ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated
- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other _____

☐ Location marked on topographic map (please attach)

☐ Location marked on air photo (please attach)

State Health

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

1. Description of well (size or casing, type of well, housing, etc.)

6" well casing on vacant rural parcel - well in open - south of reservoir

2. Well identification Tag

Tag strapped to well casing

3. Supplemental tag needed for ease of identifying well?

☐

Yes

☒

No

4. Where was tag placed?

Scale 1:24,000 (1"=2,000')

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION _____

C	B	A
F	G	H
L	K	J
P	Q	R

5. COMMENTS

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

6. Permit # _____ Date Issued _____

7. Type

Application

Permit

Certificate

Claim

Exempt



WASHINGTON STATE
DEPARTMENT OF
ECOLOGY

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WELL OWNERSHIP IF DIFFERENT FROM WELL REPORT

Name: Stoneman Waterworks

RECEIVED

Street Address: _____

APR 24 2007

City: Camano Island State: WA DEPT. OF ECOLOGY

WELL LOCATION IF DIFFERENT FROM WELL REPORT

Well Address: 792 E Haven PI/R33005-320-4370

City: Camano Island County: Island

T. 30N R. 03E W.M. Sec. 05 SE 1/4 of the NE 1/4

FOR AGENCY USE ONLY

Latitude: 48 7.073938

Longitude: 122 26.50295

Elevation at land surface 261 feet meters (circle one)

- ☒ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated
- ☐ Digital Altimeter
- ☐ Topographic Map
- ☒ Other: Computer Generated from
DEM and GPS XY Coordinates

Additional Information, if available:

- ☐ Location marked on topographic map *(please attach)*
- ☐ Location marked on air photo *(please attach)*

Tag placed and well
GPS'd by:



FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Physical Description of well (size of casing, type of well, housing, etc.)

Wellhead Is On The Corner of Haven Pl And Jessica Dr. Behind Large Concrete Tank.

Location of Well Identification Tag:

Was supplemental tag needed for easy of identifying well?

☐

Yes

☒

No

If yes, where was tag placed?

D	C	B	A
E	F	G	H
M	L	K	J
N	P	Q	R

SECTION: 30N/03E-05

COMMENTS:

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

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Circle One:

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Deepened ☐ Cable ☐ Driven ☐
Reconditioned ☐ Rotary ☒ Jetted ☐

(5) DIMENSIONS: Diameter of well 6 inches.
Drilled 310 feet. Depth of completed well 310 ft.

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Welded ☒ Diam. from _____ ft. to _____ ft.
Liner installed ☐ Diam. from _____ ft. to _____ ft.
Threaded ☐ Diam. from _____ ft. to _____ ft.

Perforations: Yes ☐ No ☒
Type of perforator used _____
SIZE of perforations _____ in. by _____ in.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.

Screens: Yes ☒ No ☐
Manufacturer's Name Johnson Model No. _____
Type SS
Diam. 5" Slot size 20 from 300 ft. to 305 ft.
Diam. 5" Slot size 20 from 305 ft. to 310 ft.

Gravel packed: Yes ☐ No ☒ Size of gravel _____
Gravel placed from _____ ft. to _____ ft.

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Material used in seal Bentonite
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Type of water? _____ Depth of strata _____
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Type: _____

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Static level 260 ft. below top of well Date 9-18-90
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Artesian water is controlled by _____ (Cap, valve, etc.)

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Was a pump test made? Yes ☐ No ☒ If yes, by whom? _____
Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)
Time Water Level Time Water Level Time Water Level

Date of test _____

Bailer test _____ gal./min. with 40' ft. drawdown after _____ hrs.
Artest 206 gpm gal./min. with stem set at 300 ft. for 1 1/2 hrs.

Artesian flow _____ g.p.m. Date _____
Temperature of water _____ Was a chemical analysis made? Yes ☐ No ☒

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SEP 18 1990
DEPT. OF ECOLOGY

RECEIVED

APR 24 1997

DEPT. OF ECOLOGY

Work started 9/13/90, 19. Completed 9/18/90, 19.

WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME Oahman Pump & Well Drilling
(PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)
Address P.O. Box 422, Burlington, WA 98233
(Signed) Les Rich license No. 0623
(WELL DRILLER)
Contractor's
Registration
No. DAHLMWP123LC Date 9/19/90, 19.

(USE ADDITIONAL SHEETS IF NECESSARY)